

**Motor Vehicle Fire Report**  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Office of the State Fire Marshal  
P.O. Box 30254, Lansing, MI 48909  
517-241-8847

Authority: 2000 PA 413

FIRE DEPARTMENT	FDID NUMBER	FIRE DEPARTMENT INCIDENT NUMBER
LAW ENFORCEMENT AGENCY	ORI NUMBER	POLICE DEPARTMENT INCIDENT NUMBER

I hereby report to the above named fire / law enforcement authority that the following motor vehicle was burned.

DATE	TIME	LOCATION (Street Address)	CITY	TOWNSHIP
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**Owner Information**

OWNER'S NAME (Last, First, Middle)			STREET ADDRESS	
CITY	STATE	ZIP CODE	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	DATE OF BIRTH
TELEPHONE NUMBER (Include Area Code)	BUSINESS TELEPHONE NUMBER (Include Area Code)		DRIVER'S LICENSE NUMBER	EXPIRATION DATE
OCCUPATION				

**Vehicle Information**

VEHICLE MAKE	MODEL	YEAR	COLOR
VEHICLE IDENTIFICATION NUMBER (VIN)	REGISTRATION NUMBER	STATE	GENERAL CONDITION OF VEHICLE
CONDITION OF TIRES	TYPE OF TIRES	CONDITION OF ENGINE	CONDITION OF TRANSMISSION
MILEAGE	OPTIONAL EQUIPMENT		
REPAIRS MADE IN THE LAST YEAR		WHERE WERE REPAIRS MADE	
HOW MANY SETS OF KEYS	WHERE WERE KEYS AT THE TIME OF LOSS	WHERE ARE KEYS NOW	

**Insurance Company / Lien Information**

INSURANCE COMPANY	HOW LONG	COVERAGE <input type="checkbox"/> FIRE <input type="checkbox"/> THEFT <input type="checkbox"/> COLLISION	PREVIOUS INSURANCE COMPANY	
AGENT	CITY	DATE	ANNUAL COST OF INSURANCE \$	
LIENHOLDER	STREET ADDRESS	CITY	STATE	ZIP CODE
MONTHLY VEHICLE PAYMENT \$	DATE OF LAST PAYMENT	CURRENT BALANCE \$		
IF CLAIMING CONTENTS ON HOMEOWNERS INSURANCE POLICY, PROVIDE NAME OF INSURANCE COMPANY				

**Vehicle Security**

WAS VEHICLE LOCKED <input type="checkbox"/> YES <input type="checkbox"/> NO	ANY HIDDEN KEYS ON VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	ALARM SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WAS ALARM ON OR OFF <input type="checkbox"/> ON <input type="checkbox"/> OFF	WAS VEHICLE STOLEN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WAS THEFT REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS WHERE STOLEN FROM		CITY	STATE	ZIP CODE	
WAS VEHICLE PARKED OR IN MOTION WHEN STOLEN	<input type="checkbox"/> PARKED <input type="checkbox"/> IN MOTION	IF PARKED, WHY WAS VEHICLE PARKED AT ABOVE LOCATION		DATE VEHICLE WAS PARKED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
DID VEHICLE STORE ANY FLAMMABLE LIQUIDS <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT	WHERE	CONTENTS		

**Passenger Information**

WAS ANYONE WITH YOU AT THE TIME OF FIRE - PASSENGER #1		TELEPHONE NUMBER (Include Area Code)	
STREET ADDRESS	CITY	STATE	ZIP CODE
PASSENGER # 2		TELEPHONE NUMBER (Include Area Code)	
STREET ADDRESS	CITY	STATE	ZIP CODE

**Incident Details**

WHEN WAS VEHICLE LAST SEEN	DATE	TIME <div> <input type="checkbox"/> AM <div> <input type="checkbox"/> PM </div> </div>	BY WHOM	
WHEN DID YOU DISCOVER VEHICLE WAS BURNED / MISSING	DATE	TIME <div> <input type="checkbox"/> AM <div> <input type="checkbox"/> PM </div> </div>	ACTION TAKEN WHEN VEHICLE WAS DISCOVERED MISSING	
HAVE YOU BEEN NOTIFIED THAT VEHICLE IS RECOVERED <div> <input type="checkbox"/> YES <div> <input type="checkbox"/> NO </div> </div>	WHO NOTIFIED YOU		HOW	WHEN
HAVE YOU HAD ANY PREVIOUS INSURANCE CLAIMS FOR THIS OR ANY OTHER VEHICLE WITHIN THE PAST FIVE (5) YEARS <div> <input type="checkbox"/> YES <div> <input type="checkbox"/> NO </div> </div>	IF YES, WHEN		TYPE OF CLAIM	
INSURANCE COMPANY				

**Certification and Signature**

I hereby certify the information I have provided herein is truthful and correct.	
SIGNATURE OF INSURED	DATE

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.